

## Amendment Requests

A patient has a right to request an amendment to his or her health record per 45 CFR §164.526 of the HIPAA Privacy Rule. The Privacy Rules provides three reasons for why an amendment could be requested by a patient:

- Correct a perceived error in documentation
- Omission of information
- Add relevant information

To begin the amendment process, patients are asked to the complete the Memorial Hermann Health System Patient Amendment Request Form. Please provide as much detail as possible regarding the documentation that you are requesting to be amended. This information will need to be located in the medical record to determine who authored the note. If you have a copy of the document that contains the information in question, please attach to the completed amendment request form.

For instance:

Describe what information you want amended:

Dr. Jones documented in the discharge summary that my arthroscopy was done on the right leg. The operative report states that it was my left leg.

What is reason for making the request?

Arthroscopy done on my left leg.

The completed form should be mailed to the Memorial Hermann Privacy Office at 920 Frostwood, Suite 1.102 Houston, Texas 77024.

1. Upon receipt of the completed written request the Privacy Office will contact the author to review and evaluate the requested amendment.
  - a. If the amendment is accepted by the author, the PHI will be amended, and the patient will be informed within 60 days of the written request.
  - b. If the amendment is denied by the author, the patient will be notified in writing within 60 days of the written request.
2. If Memorial Hermann is unable to act on the request for amendment within 60 days, the organization will notify the individual in writing of the reasons for the delay prior to the end of the 60-day deadline. Memorial Hermann will have an additional 30 days to process and respond to the individual's request for amendment.

## Acceptance of Request for Amendment

If the author of the note accepts the requested amendment, in whole or in part, the following steps will take place:

1. The Memorial Hermann Privacy Office will inform the patient in writing that the amendment has been accepted.
2. A copy of the amendment will be placed in the patient's legal medical record and linked to the original documentation or a reference location of the amendment will be provided within the medical record.
3. Notification will be sent to relevant persons or entities with whom the amendment needs to be shared, as identified by the patient on the original amendment request form.
  1. If the individual is unsure as to who should receive the amended information, a copy of the amended document will be provided to the patient for distribution.

## Denial of Request for Amendment

If the author of the note determines that the request for amendment should be denied in whole or in part, the Privacy Office will send the patient an amendment denial letter.

The denial letter will contain the following information:

1. The basis for denial:
  1. Information was not created by Memorial Hermann Health System
  2. Information is not part of the patient's designated record set
  3. Federal law forbids making the information available to the patient for inspection
  4. Information is accurate and complete
2. A statement that the patient has a right to submit a written statement disagreeing with the denial, and an explanation of how the patient may file such a statement.
3. A statement that, if the patient does not submit a statement of disagreement, the patient may request that the organization include the patient's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment.
4. Instructions as to how the patient may file a complaint with the organization or to the Secretary of the US Department of Health and Human Services. The instructions will include the name and/or title as well as the telephone number of the contact person who is responsible for accepting these complaints.
5. If the patient submits a written statement of disagreement, the organization may prepare a written rebuttal to the statement. The organization will provide a copy of the written rebuttal to the patient who submitted the statement.

**Request for Amendment of Protected Health Information**

You have the right to request an amendment of your protected health information maintained by Memorial Hermann if you believe the information is not accurate or complete. You must submit your request on this form.

If your request for amendment is approved, the original documentation will not be changed or deleted. Your amendment will be appended or linked to the information that is being amended.

Please amend my information as follows:

A. Patient's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Patient's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

B. Dates of admission or treatment: \_\_\_\_\_

C. Type of record to be amended (please attach copy)

- Discharge Summary
- Operative Reports
- History and Physical Exam
- Consultation Reports for Dr \_\_\_\_\_
- Progress Reports
- Radiology Reports
- Laboratory Reports
- Pathology Reports
- Other, specify: \_\_\_\_\_

D. Describe what information is incomplete or incorrect and what you believe should be changed. State what information you believe should be added/or deleted.

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E. State the reason that supports your request. Furnish copies of supporting information, if applicable.

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Memorial Hermann Health System and/or the health care provider that documented the information being requested for amendment may deny your request if:

- (1) was not created by Memorial Hermann Health System;
- (2) is not part of a Memorial Hermann Health System designated record set, such as the medical record;
- (3) is not part of the information which you would be permitted to inspect and copy; or
- (4) Memorial Hermann Health System determines to be accurate and complete.

If the information that you are requested be amended was created by a health care provider not employed by Memorial Hermann, your request will be forwarded to that health care provider for a response. You will receive written communication asking that you contact the non-employed health care provider.

I understand that Memorial Hermann Health System will respond to my request within 60 days.

I understand that Memorial Hermann Health System may request a 30 day extension which I will be notified of in writing.

If your amendment is accepted, Memorial Hermann Health System has a responsibility to notify others who are involved in your care and who would rely on the amended information for your well-being. By listing a person below, you authorize Memorial Hermann Health System to notify them of the amendment.

Other persons to be notified about the amendment (attach additional page(s) if necessary):

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Name Street City State Zip

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Name Street City State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Mail this completed form to:  
Memorial Hermann Health System  
Privacy Office  
920 Frostwood Suite 1.102  
Houston, Texas 77024

For more information, contact the Memorial Hermann Privacy Office at (713) 338-5751